

**CITY OF AUGUSTA SCHOOL AGE CARE
ENROLLMENT FORM 2006-2007**

Today's date _____ First date of attendance _____ Childcare Site _____

School Attending _____ Circle Days of Attendance **M T W Th F**

Program Attending: _____ Before School _____ After School _____ Both

Will be using (circle any that apply) Snow Day Care; Early Release Care; Vacation Care; Workshop Day Care

Child's name _____ Sex M / F Age _____ Date of Birth _____

Child's name _____ Sex M / F Age _____ Date of Birth _____

Address _____ Phone Number _____

Parent(s) or guardian(s): (if divorced/separated MUST list absent parent)

MOTHER

Name _____ Address _____ Zip _____ Hm Phone _____

Business _____ Address _____ Work Phone _____

Cell Phone: _____ Pager: _____

FATHER

Name _____ Address _____ Zip _____ Hm Phone _____

Business _____ Address _____ Work Phone _____

Cell Phone: _____ Pager: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD: Any changes in this list must be in writing.

Name: _____ Number _____ Cell/Pager: _____

Name: _____ Number _____ Cell/Pager: _____

Name: _____ Number _____ Cell/Pager: _____

Name: _____ Number _____ Cell/Pager: _____

EMERGENCY NUMBERS: Please give the name, address and phone number of two people that may be notified in case of emergency or illness, when parents or guardian are not available. These people should live in the Augusta area. Please provide a telephone number where these people may be reached during program hours.

Name _____ Relationship to child _____

Phone numbers: Home: _____ Work: _____ Cell: _____

Name _____ Relationship to child _____

Phone numbers: Home: _____ Work: _____ Cell: _____

Child/Children's Physician

Name _____ Address _____ Phone _____

Is your child currently taking any medication? If so, what, when, and why?

Does your child have any special needs that would keep him/her from participating in activities with a group of other children? If so, what would your child need to enable him/her to participate?

Is there any other information you would like to give us about your child to help us better care for him / her?

Is your child currently on a behavior plan at school? YES / NO

If Yes, please explain: _____

Does your child have a 1 on 1 Aid at school? YES / NO

Does your child require an Aide outside of school? YES / NO

If yes, please list Aids' name & Agency information: _____

Emergency Medical Release:

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the City of Augusta/School Age Care Staff to act in my behalf in granting permission for my child to receive emergency treatment.

Signature of parent or guardian

Financial Agreement:

I agree to pay _____ per week / day for my child / children to participate in the School Age Child Care Program and understand that failure to pay on time will result in a late fee and possibly the loss of my childcare privileges if the payment becomes more than two (2) weeks late.

Signature of parent or guardian

If Childcare is being paid by another agency please check which one:

____ DHS / Child Protective Services

____ Child Care Options / Voucher Program

____ Children's Services / BSCN'

____ ASPIRE

____ Transitional Child Care

____ Other _____

(OFFICE USE ONLY)

Child Care Participant Registration Check List:

Childs Name: _____

- _____ Enrollment Form
- _____ **Both** Parents of the Child Listed
- _____ Home / Work / Cell #'s Listed
- _____ Emergency Numbers Listed
- _____ Financial Agreement/Contract
- _____ Payment for Care
- _____ Special Needs Form
- _____ Release of Information Form
- _____ Financial Aid Forms
- _____ Handbook Given
- _____ Homework Form Signed
- _____ Notification of Identification Process.
- Y or N Medication Needed
- _____ Medication Form Filled Out

Notification of Identification Process

Please be advised that all persons picking up your child are subject to having to show a photo ID in order for us to release your child to them.

Also, any person appearing to pick up your child MUST be on the pick up list OR you must have made prior arrangement for this person to pick up your child.

Any person NOT appearing on the pick up list or whom you have not made prior arrangements to pick up your child will NOT be allowed to take your child from the childcare site.

This is a precautionary measure to ensure the safety of your child.

I have read and understand the above regulations.

Name: _____ Date: _____

Childs Name: _____

Childcare Site: _____

PLEASE SEE BACK!

YES!

This year we are offering a private quiet space and a block of supervised homework time. AND, soon the children will have access to a computer. This is NOT mandatory, but an option.

SO....if you want your child to do their homework during this time, then please sign below.

I want my child to participate in HOMEWORK time.

CHILDS NAME: _____

PARENTS SIGNATURE: _____

PLEASE SEE BACK!

Parent / Guardian Authorization Form

Childs Name: _____

Parent/Guardian Name: _____

From time to time the children are photographed while they are participating in various activities when in the Childcare Program. These pictures may appear in the local newspapers or in our brochures promoting the Child Care Program. The pictures would never be used for commercial use with the program benefiting monetarily from them.

For this we do need your permission:

_____ YES, I give my permission that it is ok for my child to be photographed.

_____ NO, I **do not** give my permission for my child to be photographed.

Parent Signature: _____

Date: _____

City of Augusta
School Age Child Care

CONTRACT 2006-2007

Child's Name _____ Birthdate _____ Age _____

Parent/Guardian _____ Program Site _____

Program Attending: Before School Before & After After School Workshop/Snow Days

I agree to pay the weekly fee of _____ or for Snow Days/Workshop Days, Vacation days, the daily fee of _____. **I agree to pay the contracted fee whether my child attends or not.** No refunds will be given for illness or absence.

Please initial each of the following to indicate that you have read and understand each item.

I understand and agree that:

- ____ 1. I am contracting for a week slot of childcare. If I have signed up for a 5-day slot I must pay for that slot and I may not alternate to a 3-day slot if my child is absent two days of the week. This contract is for August 31, 2006 – June 16, 2007. I understand I need to contact the Recreation/Childcare office to withdraw my child from the program.
- ____ 2. If I am using the 3-day Program I must inform the Recreation/Childcare office a week in advance the 3 days my child will be attending. If my child is absent on a scheduled day I cannot send my child another day instead. To do so, I would have to pay the full week charge.
- ____ 3. If using the Before School Program or All-Day Care I must bring my child into the site and check them in with childcare staff. Failure to do so can result in losing the use of this program.
- ____ 4. I must contact the Recreation/Childcare Department, *not the school*, when my child(ren) will be absent on a scheduled day. I realize this is for my child(ren)'s protection.
- ____ 5. I agree to pay the weekly fee in advance, due on Friday of the preceding week. A late fee of \$10.00 will be charged to account if payment is not current by Wednesday of the next week. Failure to pay on time is cause for removal from the program.
- ____ 6. The School Age Care Program will close at 5:30 p.m. and your fees pay for service until that time. Parent's whose child remains past 5:30 p.m. must pay a late fee, which will be determined by how late they are. (See Childcare Policy Book)
- ____ 7. The School Age Care Program does not operate on major holidays. I understand if a holiday falls within a given week, the weekly fee is the same.
- ____ 8. If I have signed my child(ren) up for All-Day Care and if they do not attend I am responsible for paying for the day.

Parent/Guardian

Date

Staff

Date

PERMISSION TO ADMINISTER MEDICATION

I GIVE THE CITY OF AUGUSTA BEFORE AND AFTER SCHOOL PROGRAM STAFF
PERMISSION TO ADMINISTER THE MEDICATION LISTED BELOW TO MY
SON/DAUGHTER:

Child's Name

THE MEDICATION IS: _____

PERScription # _____

PHYSICIANS NAME: _____

ADMINISTER AS FOLLOWS: _____

The prescription must be in the original prescription bottle and labeled with the current
dosage and instructions

If a change in dosage or prescription occurs you must bring in an updates bottle to
reflect the changes.

Parent/Guardian _____ Date: _____

**City of Augusta - Child Care Bureau
School – Age Care Payment Records
2006-2007**

Childs Name: _____ Parent/Guardian: _____

Address: _____ Phone: _____

AM Location: Lincoln / Gilbert

5 Days or 3 Days: M T W Th F

PM Location: Lincoln / Farrington / Gilbert

5 Days or 3 Days: M T W Th F

Billing: Parent / ASPIRE / CCO / DHS / Other: _____ Weekly Payment:

*** Snow Day (S): PM = \$12.00 / AM & PM = \$8.00**

Week	Dates	Amount owed	Amount Paid	Date Paid	Check Number	Received by	Balance Due
1	8/29 – 9/1						
2 H	9/05 – 9/08						
3	9/11 – 9/15						
4 E	9/18 – 9/22						
5	9/25 – 9/29						
6 W	10/2 – 10/06						
7 H	10/09 – 10/13						
8	10/16 – 10/20						
9 D	10/23 – 10/27						
10	10/30 – 11/03						
11E/H	11/6 – 11/10						
12	11/13 – 11/17						
13WH V	11/20 – 11/24						
14	11/27– 12/01						
15 E	12/04 – 12/08						
16	12/11 – 12/15						
17 V	12/18 – 12/22						
18 HV	12/26 – 12/29						

Week	Dates	Amount owed	Amount Paid	Date Paid	Check Number	Received by:	Balance Due
19 HD	1/01 – 1/05						
20	1/08 – 1/12						
21 H	1/15 – 1/19						
22	1/22 – 1/26						
23	1/29– 2/02						
24	2/05 – 2/9						
25 E	2/12 – 2/16						
26 HV	2/19 – 2/23						
27	2/26– 3/02						
28	3/05– 3/09						
29 E	3/12 – 3/16						
30 W	3/19 – 3/23						
31	3/26 – 3/30						
32	4/02 – 4/06						
33EW	4/09 – 4/13						
34 HV	4/16 – 4/20						
35	4/23 – 4/27						
36	4/30– 5/04						
37 E	5/07 – 5/11						
38	5/14 – 5/18						
39	5/21 – 5/25						
40 HE	5/28 – 6/01						
41 L	6/04 – 6/08						
42	6/11-6/15						

Withdrew from program on: _____ Total Paid: 2006 _____ 2007 _____

**CITY OF AUGUSTA
CHILDCARE**

Authorization to Release/Obtain Confidential Information

Child's Name: _____ Date of Birth: _____

I hereby authorize

KAREN COX

(Name of Second Party)

City of Augusta, Childcare Bureau
16 Cony Street
Augusta, Maine 04330
(207) 626-2350 Ext. 4107

(Address)

(Address)

(Phone Number)

To exchange either verbally or in writing the information check below regarding the above named child:

_____ Complete Records
(or the following)

_____ Child Protective Services

_____ Abuse/Neglect History

_____ Family History

_____ Psychiatric/Psychological Tests

_____ Treatment Plan

_____ Previous Mental Health or Treatment

_____ Prescribed Medications

_____ Drug Use History

_____ Medical History

_____ Physical Exam

_____ Disabilities

_____ Educational Plan

_____ Other

This information is needed to provide the most appropriate Child Care experience for the child.

I understand that these records may contain confidential information about the history, diagnosis, and treatment for psychiatric illness and/or drug/alcohol abuse.

I understand that I may revoke this consent I writing at anytime except to the extent that action based on it has already begun. If not previously revoked, this consent will terminate in _____ of _____.

Under Main law, individuals have the right to review material to be released prior to its released unless that right is waived. If you wish to review written information before it is release, please initial below.

I wish to review this material prior to its release _____.

Name of Child: _____ Date: _____

Signature: _____
(Parent/Guardian if child under 18)

Signature of Witness _____ Date _____

CITY OF AUGUSTA
SPECIAL NEEDS
Confidential Registration Information

Child's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell/Pager _____

Describe child's special need: _____

Does your child require a one on one aide? _____ Yes _____ No.

Does your child need assistance in toileting? _____ Yes _____ No.

If yes, explain:

Describe Educational/ Treatment Plan:

List people/professionals familiar with your child: (ie. Doctors, therapists, caseworkers, teachers):

How do you feel your child will benefit by being part of our camp experience?

(Parent/Guardian)

Date _____